

SPA Membership Application Form

(SPA needs your signed membership form in hard copy. Please fax or mail this form using the details above)

Dr/Mr/Mrs/Ms/_____: Given Name:______ Family Name:_____

I/We have read and agree with the Aims & Objectives of SPA Inc. and wish to become members

(For group membership, only one family fee is payable but each person must sign. Please add additional group names and signatures on the next page.)

Signature of primary member:				
Occupation (optional):				
Address:			Phone: (m)	
State: Postcode:	Country:		(h)	
Email:			(other)	
I/We heard about SPA through:	Friend: Internet/Web: Event:		SPA Member: 🗖 which? which?	
Annual membership subscription (inc. GST) Includes annual subscription to SPA's bi-monthly newsletter. Subscriptions are kept low due to encourage those who can to make a tax-deductible donation. Individual (\$38): □ Concession (\$23): □ Organisation (\$38): □ Houshold (\$53 with conc'n \$30): □				
Send my newsletter by: mail:	email:		do not send:	
I would like to show my support by making a donation (All donations of \$2 or more are tax deductible) Amount \$ I would like to include SPA in my will, please tell me how: Payment details Cheque/money order enclosed, payable to SPA, or please charge my credit card (\$25 or more)				
Visa Maste	erCard	Diners	Bankcard	
Card Number:			Expiry date: /	



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Additional members in this subscription:

Name:	_Signature:
Name:	_Signature:
Name:	_Signature: